



1999 Registration Form



Instructions

Each person registering is to complete all sections of the Registration Form. Mail it to the address shown on the back or FAX to 538-6694, Attn: Conference Registration. **Pre-registration deadline is April 28, 1999.** Payments should accompany the registration form or the method of payment must be indicated below. Registrations postmarked after pre-registration deadline must include the \$10 late charge. **Substitution** for a confirmed registrant is allowed at any time. **Cancellations** postmarked prior to pre-registration will receive a full refund. Cancellations must be submitted in writing; phone cancellations cannot be accepted. You can also register online at :

www.upha.org/upha/99conf/registration.html

1 Registrant Information

Lettering on
Conference
Name Badge

First Name

Initial

Last Name

Agency / Department / Organization

Division / Bureau

Mailing Address

City

State

Zip Code

Work Phone

Home Phone

Special
Info

☐ I require special arrangements to accommodate a disability. Please Specify _____

☐ I require special meal accommodations. Please Specify _____

2 Membership Information

Please indicate below the association(s) of which you are a member (or will be a member before the conference):

☐ Utah Public Health Association (UPHA)

☐ Health Education Association of Utah (HEAU)

☐ Utah Environmental Health Association (UEHA)

☐ Community Health Nursing Interest Group (CHNIG)

3 Attendance at Thursday Social

Please indicate if you plan on attending the "After Conference" social on Thursday evening. This information is used to plan for the social. There is no additional charge for the social.

☐ YES I am planning to attend the social

☐ YES I am planning to attend the social and I plan to bring a guest

☐ NO I am NOT planning to attend the social

4 Method of Payment

Please indicate below how your registration fees will be paid:

☐ Check or Money Order Enclosed (payable to UPHA)

☐ Agency/Organization will pay (payment being sent)

☐ I will Pay at the Door, Please Pre-Register me

5 Conference Fees

	Fee	Total Due
1. Pre-Conference Workshop (Wed. 5/12)		
Morning Session - Neighbors for Health		
<input type="checkbox"/> Member/Non-Member	\$15	\$ _____
Afternoon Session - Building Ethical Cultures		
<input type="checkbox"/> Member	\$25	\$ _____
<input type="checkbox"/> Non-Member	\$35	\$ _____
Both Sessions		
<input type="checkbox"/> Member	\$35	\$ _____
<input type="checkbox"/> Non-Member	\$45	\$ _____
2. Two Day Registration (Thu-Fri 5/13-14)		
<input type="checkbox"/> Member	\$100	\$ _____
<input type="checkbox"/> Non-Member	\$130	\$ _____
<input type="checkbox"/> Full-Time Student	\$60	\$ _____
<input type="checkbox"/> Retired	\$45	\$ _____
<input type="checkbox"/> Visitor (no meals)	\$20	\$ _____
3. One Day Registration (check which day)		
<input type="checkbox"/> Member <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$60	\$ _____
<input type="checkbox"/> Non-Member <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$70	\$ _____
<input type="checkbox"/> Student/Retired <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$30	\$ _____
<input type="checkbox"/> Visitor (no meals) <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$10	\$ _____
<input type="checkbox"/> Visitor (lunch only) <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$15	\$ _____
4. Late Charge (mailed after 4/28/99)	\$10	\$ _____
Total Registration Fees Due		\$ _____

1999 Public Health Conference

Collaboration
into the
21st Century



May 13-14, 1999

Salt Palace
Convention Center
Salt Lake City, Utah

Preconference Workshops
May 12, 1999

Co-Sponsored By:

Utah Public Health Association
Health Education Association of Utah
Utah Environmental Health Association
Community Health Nursing Interest Group

Questions?
contact:

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Fold on the line below and mail, or fax to Attn: Conference Registration 538-6694.



Public Health Conference Registration
Utah Public Health Association
476 East South Temple, # 209
Salt Lake City, Utah 84111